

**CITY OF ELK RIVER
SAFETY COMMITTEE
ACCIDENT REVIEW SUMMARY FORM**

NAME (this will not be given to Safety Committee):	DEPARTMENT: Building Maintenance
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ACCIDENT INFORMATION

DATE (OF ACCIDENT): 9/13/16	TIME: 4:40 a.m.
LOCATION: City Hall?	TYPE OF VEHICLE (IF INVOLVED):
INJURY? (YES OR NO) Yes	WORK COMP CLAIM FILED? (YES OR NO) Yes
PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE) No	
NATURE OF ACCIDENT (be specific, include work activity at time of accident): Employee was cleaning a urinal when they bent down to wipe the bottom. Employee felt a sharp pain in the lower back area.	
ENVIRONMENTAL FACTORS:	
UNSAFE CONDITIONS:	
ACTION TAKEN: The Safety Committee did not have any recommendations. <i>(September 21, 2016 meeting)</i>	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee):
